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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 3328.001	
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 385		\$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	30	minus 20 =	* 10	0	x \$ 9 =	90	OR x \$ 18 = 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 =	* 1	0	x 43 =	43	OR x 86 = 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				0	+ 140 =	0	OR + 280 = 0
				TOTAL	518	OR TOTAL	0
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE
Total (37 CFR 1.16(c))	*	Minus	** 20	= 0	x \$ 9 =	0	OR x \$ 18 = 0
Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0	x 43 =	0	OR x 86 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR + 280 = 0
					TOTAL	0	OR TOTAL
					ADDIT. FEE	0	OR ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	0	OR x \$ 18 = 0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR x 86 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR + 280 = 0
					TOTAL	0	OR TOTAL
					ADDIT. FEE	0	OR ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	0	OR x \$ 18 = 0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR x 86 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR + 280 = 0
					TOTAL	0	OR TOTAL
					ADDIT. FEE	0	OR ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Commissioner For Patents, PO Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1097216

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	40	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	40 minus 20 =	* 10
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	90
X43=	45
+145=	
TOTAL	518

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.